

KENTUCKY TRANSPORTATION CABINET
Dept. of Vehicle Regulation/Division of Motor Carriers
P.O. Box 2007, Frankfort, KY 40602-2007

TC 95-588

Rev. 03/09

(502) 564-4127 Fax: (502) 564-4138 (8:00 AM - 4:30 PM EST) Walk-ins 8:00 AM - 4:00 PM http://transportation.ky.gov/dmc

Service Provider and Permitting Agency On-Line Services Application

Service Provider Name:		 -
Address:		
City:	State:	Zip Code:
Phone#:		
Fax#:		
E-Mail Address:		
Contact Person:		
Please check one of the following methods that you wish to receive verification or rejection of the application:		
□ E-	mail 🗖 Fax	
System access requires a password and a will be assigned by this office. You will sele (alpha and/or numeric). Please submit yo 4138.	ct your own passwo	ord which MUST be 8 characters
Please enter the password you would like assigned to your account in the space provider below. Electronic tax filers and Voucher Agreement filers may use the same password:		
Password: (must be 8 characters)	2 3 4 5	0 7 3
Please submit this application to the above listed address or fax number.		
Upon receipt and review of your application and instructions on how to utilize the webs free to contact: 502-564-4127.	=	
Office Use Only		
Service Provider Code:		

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622